

**MEDICAL STAFF BYLAWS, POLICIES, AND  
RULES AND REGULATIONS  
OF  
INDIANA UNIVERSITY HEALTH WEST  
HOSPITAL**



**MEDICAL STAFF BYLAWS**

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**MEDICAL STAFF BYLAWS**  
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ARTICLE 1  
GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Credentials Manual.

1.B. TIME LIMITS

Time limits referred to in these Bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.C. DELEGATION OF FUNCTIONS

When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff Committee, the individual, or the committee through its chair, may delegate performance of the function to one or more qualified designees.

1.D. MEDICAL STAFF DUES

- (1) Annual Medical Staff dues shall be as recommended by the MEC and may vary by category.
- (2) Dues shall be payable annually upon request in accordance with Hospital Policy.

ARTICLE 2  
CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials Manual are eligible to apply for appointment to one of the following categories:

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of members who are involved in the minimum number of patient contacts (24) per appointment term.

2.A.2. Prerogatives:

Active Staff members:

- (a) may vote in all general and special meetings of the Medical Staff, and applicable Section and committee meetings;
- (b) may hold office, serve as Section chiefs or vice -chiefs and serve on committees.

2.A.3. Responsibilities:

Active Staff members must:

- (a) assume all the responsibilities of membership on the Active Medical Staff, including committee service, emergency call, care for unassigned patients and evaluation of members during the provisional period. The Section may determine how these responsibilities will be met.;
- (b) actively participate in the peer review and performance improvement process;
- (c) accept consultations when requested;
- (d) attend applicable meetings;
- (e) pay application fees, dues and assessments; and
- (f) perform assigned duties.

## 2.B. ASSOCIATE STAFF

### 2.B.1. Qualifications:

The Associate Staff shall consist of practitioners of demonstrated competence qualified for staff appointment, who have an Active Staff appointment at another hospital, who:

- (a) may be members of a group, which provides periodic coverage for a practitioner who is an Active Staff member in good standing at the Hospital; or
- (b) are office/ambulatory-based practitioners who may have fewer than 24 patient contacts in a reappointment term.

Associate Staff members must provide evidence of clinical performance at their primary hospital, in such form as may be requested, at each reappointment

### 2.B.2. Prerogatives and Responsibilities:

Associate Staff members:

- (a) may attend educational activities of the Medical Staff and the Hospital;
- (b) may not vote, hold office, but may serve on Medical Staff committees;
- (c) may use the Hospital's diagnostic facilities; and
- (d) must pay application fees, dues and assessments.

## 2.C. AFFILIATE STAFF

### 2.C.1. Qualifications:

- (a) The Affiliate Staff shall consist of those members who desire to be associated with, but who do not intend to establish a practice at, this Hospital. The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Hospital services for their patients by referral of patients to Active Staff members for admission and care.
- (b) Individuals requesting appointment to the Affiliate Staff must submit an application as prescribed in the Credentials Manual.



## 2.C.2. Prerogatives and Responsibilities:

Affiliate Staff members:

- (a) may visit their hospitalized patients and review their Hospital medical records but may not admit patients, attend patients, or exercise any clinical privileges.
- (b) may attend educational activities of the Medical Staff and the Hospital;
- (d) may not vote but may serve on Medical Staff committees;
- (e) may use the Hospital's diagnostic facilities; and
- (f) must pay application fees, dues and assessments

## 2.D. HONORARY STAFF

### 2.D.1. Qualifications:

The Honorary Staff shall consist of practitioners who are recognized for outstanding or noteworthy contributions to the medical sciences, or have a record of previous long-standing service to the Hospital, and have retired from the active practice of medicine.

### 2.D.2. Prerogatives and Responsibilities:

Honorary Staff members may:

- (a) not consult, admit or attend to patients;
- (b) attend staff and Section meetings when invited to do so (without vote);
- (c) be appointed to committees (with vote);
- (d) not vote, hold office, serve as a Section chief or vice -chief; and
- (e) not pay application fees, dues or assessments.

## 2.E. ALLIED HEALTH STAFF

### 2.E.1. Qualifications:

The Allied Health Staff consists of allied health practitioners who satisfy the qualifications and conditions for appointment to the Allied Health Staff contained in the Credentials Manual. The Allied Health Staff also includes those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at

the Hospital (e.g., moonlighting residents or fellows). The Allied Health Staff is not a category of the Medical Staff, but is included in this Article for convenient reference. For ease of use, any reference in these Bylaws or associated policies to “members” shall include allied health practitioners unless specifically limited to members of the Medical Staff.

2.E.2. Prerogatives and Responsibilities:

Allied Health Staff members:

- (a) may attend applicable Section meetings (without vote);
- (b) may not hold office or serve as a Section chief or vice -chief or as committee Chairmen;
- (c) may serve on a committee, if requested (with vote);
- (d) must cooperate in the peer review and performance improvement process; and
- (e) must pay applicable fees, dues, and assessments.

ARTICLE 3  
OFFICERS

3.A. ELIGIBILITY CRITERIA

Only those members of the Active Staff who satisfy the following criteria initially and continuously shall be eligible to serve as an officer of the Medical Staff. They must:

- (1) be appointed in good standing to the Active Staff, and have served on the Active Staff for at least two years;
- (2) have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges;
- (3) not presently be serving as Medical Staff officers, Board members or chair at any other hospital and shall not so serve during their terms of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have experience in a leadership position, or other involvement in performance improvement functions for at least two years;
- (6) encouraged to attend at least annually continuing education relating to Medical Staff leadership and/or credentialing functions prior to or during the term of the office;
- (7) have demonstrated an ability to work well with others; and
- (8) not have any financial relationship (i.e., an ownership or investment interest in or compensation arrangement) with an entity that competes with the Hospital or any affiliate. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner.

3.B. DUTIES

3.B.1. President of the Medical Staff:

The President of the Medical Staff shall:

- (a) act in coordination and cooperation with Hospital management in matters of mutual concern involving the care of patients in the Hospital;

- (b) represent and communicate the views, policies and needs, and report on the activities of the Medical Staff to the President, Chief Medical Officer and the Board;
- (c) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;
- (d) appoint all committee chair and committee members, in consultation with the MEC;
- (e) chair the MEC (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;
- (f) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the Policies and Procedures of the Hospital;
- (g) recommend Medical Staff representatives to Hospital committees; and
- (h) perform all functions authorized in all applicable policies, including collegial intervention in the Credentials Manual.

### 3.B.2. Vice President:

The Vice President shall:

- (a) assume all duties of the President of the Medical Staff and act with full authority as President of the Medical Staff in his or her absence;
- (b) serve on the MEC;
- (c) assume all such additional duties as are assigned to him or her by the President of the Medical Staff or the MEC.

### 3.B.3. Immediate Past President of the Medical Staff:

The Immediate Past President of the Medical Staff shall:

- (a) serve on the MEC;
- (b) serve as an advisor to other Medical Staff leaders; and
- (c) assume all duties assigned by the President of the Medical Staff or the MEC.

#### 3.B.4. Secretary/Treasurer:

The Secretary/Treasurer shall:

- (a) serve on the MEC;
- (b) cause to be kept accurate and complete minutes of all MEC and Medical Staff meetings;
- (c) call Medical Staff meetings on order of the President of the Medical Staff and record attendance; and
- (d) attend to all correspondence and perform such other duties as ordinarily pertain to the office of Secretary.
- (e) collect staff dues and make disbursements authorized by the MEC or its designees.

#### 3.C. NOMINATIONS

The Nominating/Leadership Development Committee shall convene at least 45 days prior to the election and shall submit to the President of the Medical Staff the names of one or more qualified nominees for each office and any at-large members of the MEC. Notice of the nominees shall be provided to the Medical Staff prior to the election. Nominations may also be submitted in writing by petition signed by at least five Active Staff members at least ten days prior to the election. In order for a nomination to be placed on the ballot, the candidate must meet the qualifications in Section 3.A, in the judgment of the Nominating/Leadership Development Committee, and be willing to serve. Nominations from the floor shall not be accepted.

#### 3.D. ELECTION

Candidates receiving a majority of votes cast shall be elected, subject to Board confirmation. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.

#### 3.E. TERM OF OFFICE

Officers shall serve for a term of two years or until a successor is elected.

### 3.F. REMOVAL

- (1) Removal of an elected officer or a member of the MEC may be effectuated by a two-thirds vote of the MEC, or by the Board for:
  - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (b) failure to perform the duties of the position held;
  - (c) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
  - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least ten days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC or the Board prior to a vote on removal.

### 3.G. VACANCIES

A vacancy in the office of President of the Medical Staff shall be filled by the Vice President, who shall serve until the end of the President's unexpired term. In the event there is a vacancy in another office, the MEC shall appoint an individual to fill the office for the remainder of the term or until a special election can be held, in the discretion of the MEC.

ARTICLE 4  
CLINICAL SECTIONS

4.A. ORGANIZATION

The Medical Staff shall be organized into Sections as listed in the Organization Manual. Each Section may elect a chief and vice -chiefs subject to the approval of the Board, the MEC may create new Sections, eliminate Sections, create divisions of Sections, or otherwise reorganize the Section structure.

4.B. ASSIGNMENT TO SECTION

- (1) Upon initial appointment to the Medical Staff, each member shall be assigned to a clinical Section. Assignment to a particular Section does not preclude an individual from seeking and being granted clinical privileges typically associated with another Section.
- (2) An individual may request a change in Section assignment to reflect a change in the individual's clinical practice.

4.C. FUNCTIONS OF SECTIONS

The Sections shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the Sections, and (ii) to monitor the practice of all those with clinical privileges in a given Section. Each Section shall assure emergency call coverage for all patients.

4.D. QUALIFICATIONS OF SECTION CHIEFS AND VICE CHIEFS

The Section chief shall:

- (1) be a member of the Active or Affiliate Staff;
- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and
- (3) satisfy eligibility criteria (2) through (8) in Section 3.A.

The Section vice-chief shall:

- (1) be a member of the Active or Affiliate Staff;
- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and
- (3) satisfy eligibility criteria (2) through (8) in Section 3.A.

#### 4.E. APPOINTMENT AND REMOVAL OF SECTION CHIEFS AND VICE-CHIEFS

- (1) Except as otherwise provided by contract, Section chiefs and vice-chiefs shall be elected by the Section, subject to MEC confirmation. A nominating committee, appointed by the current Section chief or Vice-chiefs, shall nominate qualified candidate(s). Those who receive a majority of the votes cast shall be elected.
- (2) Any Section chief or vice-chief may be removed by a two-thirds vote of the Section members; or by a two-thirds vote of the MEC subject to Board confirmation; or by the Board, after reasonable notice and opportunity to be heard. Grounds for removal shall be:
  - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (b) failure to perform the duties of the position held;
  - (c) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
  - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (3) Prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action shall be taken at least ten days prior to the date of the meeting. The individual shall be afforded an opportunity to speak to the Section or MEC or the Board, as applicable, prior to a vote on such removal.
- (4) Section chiefs and vice-chiefs shall serve a term of two years, which can be renewable.



#### 4.F. DUTIES OF SECTION CHIEFS AND VICE-CHIEFS

Each Section chief or vice-chiefs responsible for the following functions, either personally or in collaboration with Hospital personnel:

- (1) reviewing and reporting on applications for initial appointment and clinical privileges, including interviewing applicants;
- (2) reviewing and reporting on applications for reappointment and renewal of clinical privileges;
- (3) evaluation of individuals during the provisional period;
- (4) participation in the development of criteria for clinical privileges;
- (5) reviewing and reporting on the professional performance of individuals practicing within the Section;
- (6) all clinically-related activities of the Section;
- (7) all administratively-related activities of the Section, unless otherwise provided for by the Hospital;
- (8) continuing surveillance of the professional performance of all individuals in the Section who have delineated clinical privileges;
- (9) recommending criteria for clinical privileges that are relevant to the care provided in the Section;
- (10) evaluating requests for clinical privileges for each member of the Section;
- (11) assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the Section or the Hospital;
- (12) the integration of the Section into the primary functions of the Hospital;
- (13) the coordination and integration of intersection and intrasection services;
- (14) the development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
- (15) recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (16) determination of the qualifications and competence of Section personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;

- (17) continuous assessment and improvement of the quality of care, treatment, and services provided;
- (18) maintenance of quality monitoring programs, as appropriate;
- (19) the orientation and continuing education of all persons in the Section;
- (20) recommendations for space and other resources needed by the Section; and
- (21) delegation to a vice chief such duties as appropriate, including, but not limited to, the review of applications for appointment, reappointment, or clinical privileges or questions that may arise if the Section chief has a conflict of interest with the individual under review.

Each Section vice-chief is responsible for the following functions:

- (1) Each vice-chief shall perform the duties of the Section chief in his/her absence
- (2) Perform other duties as delegated by the Section chief.

ARTICLE 5  
MEDICAL STAFF COMMITTEES AND  
PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. MEC

5.A.1. Composition:

- (a) The MEC shall include as voting members the officers of the Medical Staff (President of the Medical Staff, Vice President, Immediate Past President of the Medical Staff, Secretary/Treasurer, Section Chiefs, Chair of the Credentials Committee, and one at-large member.
- (b) The President of the Medical Staff will chair the MEC.
- (c) The President, or his or her designee, Chief Operating Officer, Chief Nursing Officer and CMO shall be *ex officio* members of the MEC, without vote.

5.A.2. Duties:

- (a) The MEC is delegated the primary authority over activities related to the functions of the Medical Staff. The MEC is responsible for reviewing and making any necessary recommendations to the Board with regard to the following:
  - (1) the structure of the Medical Staff;
  - (2) the process used to review credentials and to delineate individual clinical privileges;
  - (3) applicants for Medical Staff appointment;
  - (4) a delineation of clinical privileges for each eligible individual;
  - (5) the participation of the Medical Staff in Hospital performance improvement activities;
  - (6) the process by which Medical Staff appointment may be terminated;
  - (7) hearing procedures;
  - (8) the sources of clinical patient care services to be provided through contracts;

- (9) reports and recommendations from Medical Staff committees, Sections, and other groups as appropriate;
  - (10) quality indicators to promote uniformity regarding patient care services;
  - (11) activities related to patient safety;
  - (12) the process of analyzing and improving patient satisfaction;
  - (13) continuing medical education activities;
  - (14) reviewing, at least every three years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and
  - (15) performing any other functions as are assigned to it by these Bylaws, the Credentials Manual or other applicable policies.
- (b) The MEC is empowered to act on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between MEC meetings).

#### 5.A.3. Meetings:

The MEC shall meet as often as necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions.

#### 5.B. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in the measurement, assessment and improvement of the following:
  - (a) medical assessment and treatment of patients;
  - (b) use of information about adverse privileging decisions for any practitioner privileged through the Medical Staff process;
  - (c) medication usage;
  - (d) the use of blood and blood components;
  - (e) operative and other procedures;
  - (f) appropriateness of clinical practice patterns;
  - (g) significant departures from established patterns of clinical practice;
  - (h) the use of developed criteria for autopsies;

- (i) sentinel event data;
  - (j) patient safety data;
  - (k) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures; and
  - (l) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in the Medical Staff Rules and Regulations.
- (2) The Medical Staff participates in the following activities:
- (a) education of patients and families;
  - (b) coordination of care, treatment, and services with other practitioners and Hospital personnel;
  - (c) accurate, timely, and legible completion of patient's medical records;
  - (d) review of findings of the assessment process that are relevant to an individual's performance. The Medical Staff is responsible for determining the use of this information in the ongoing evaluations of a practitioner's competence; and
  - (e) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body.

#### 5.C. CREDENTIALING AND PEER REVIEW FUNCTIONS

Mechanisms for appointment, reappointment, delineation of clinical privileges, collegial and educational efforts, investigations, hearings and appeals that apply to Medical Staff members shall be contained in the Credentials Manual.

#### 5.D. APPOINTMENT OF COMMITTEE CHAIRS AND MEMBERS

- (1) All committee chairs and members shall be appointed by the President of the Medical Staff, in consultation with the MEC. Committee chairs shall be selected based on the criteria set forth in Section 3.A of these Bylaws.

- (2) Committee chairs and members shall be appointed for initial terms of two years, but may be reappointed for additional terms.
- (3) The President of the Medical Staff and the President(or their respective designees) shall be members, *ex officio*, without vote, on all committees, unless otherwise stated.

#### 5.E. CREATION OF STANDING COMMITTEES

In accordance with the provisions in the Organization Manual, the MEC may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. In the same manner, the MEC may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual, a standing committee, or a special task force shall be performed by the MEC.

#### 5.F. SPECIAL TASK FORCES

Special task forces shall be created and their members and chair shall be appointed by the President of the Medical Staff. Such task forces shall confine their activities to the purpose for which they were appointed and shall report to the MEC.

ARTICLE 6  
MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is January 1 to December 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The Medical Staff shall meet at least once a year.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the President of the Medical Staff, the MEC, the Board, or by a petition signed by not less than 25% of the Active Staff.

6.C. SECTION AND COMMITTEE MEETINGS

6.C.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each Section and committee shall meet as often as necessary to fulfill its responsibilities, at times set by the presiding officer.

6.C.2. Special Meetings:

A special meeting of any Section or committee may be called by or at the request of the presiding officer, the President of the Medical Staff, or by a petition signed by not less than one-fourth of the Active Staff members of the Section or committee, but not by fewer than two members.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings of Sections and committees in a reasonable

time frame in advance of the meetings. All notices shall state the date, time, and place of the meetings.

- (b) The attendance of any individual at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

#### 6.D.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, Section or committee, those voting members present shall constitute a quorum.
- (b) Recommendations and actions of the Medical Staff, Sections, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those individuals present.
- (c) The voting members of the Medical Staff, a Section, or a committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the Chair by the method designated in the notice. A quorum for purposes of these votes shall be the number of responses returned to the Chair by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.

#### 6.D.3. Agenda:

The presiding officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, Section, or committee.

#### 6.D.4. Rules of Order:

Robert's Rules of Order shall not be binding at Medical Staff meetings or elections, but may be used for reference in the discretion of the presiding officer for the meeting. Rather, specific provisions of these Bylaws, and Medical Staff Section or committee custom shall prevail at all meetings, and the Section chief or vice chiefs or Committee Chair shall have the authority to rule definitively on all matters of procedure.



6.D.5. Minutes, Reports, and Recommendations:

- (a) Minutes of all meetings of the Medical Staff, Sections, and committees shall be prepared and shall include a record of the attendance of members and the recommendations made and the votes taken on each matter. The minutes shall be authenticated by the presiding officer.
- (b) A summary of all recommendations and actions of the Medical Staff, Sections, and committees shall be transmitted to the MEC, President, and Chief Medical Officer. The Board shall be kept apprised of the recommendations of the Medical Staff and its Sections and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the Hospital.

6.D.6. Confidentiality:

Members of the Medical Staff who have access to or are the subjects of credentialing and/or peer review information agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Medical Staff Credentials Manual or other applicable Medical Staff or Hospital policy. A breach of confidentiality may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

Each Active Staff member is expected to attend and participate in all Medical Staff meetings and applicable Section and committee meetings each year.

ARTICLE 7  
BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Manual.

7.A. QUALIFICATIONS FOR APPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials Manual.

7.B. PROCESS FOR APPOINTMENT, REAPPOINTMENT AND PRIVILEGING

(CREDENTIALING)

Complete applications are transmitted to the applicable Section chief or their designee, who prepares a written report to the Credentials Committee which then prepares a recommendation and forwards it along with the Section chief's report to the MEC for review and recommendation and to the Board for final action.

7.C. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT  
OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and clinical privileges will be automatically relinquished if an individual:
  - (a) fails to do any of the following:
    - (i) timely complete medical records;
    - (ii) satisfy threshold eligibility criteria;
    - (iii) provide requested information;
    - (iv) attend a special conference to discuss issues or concerns;
  - (b) is arrested, indicted, convicted, or pleads guilty or no contest pertaining to any felony, or is indicted, convicted or pleads guilty or no contest

pertaining to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; or (iv) violence;

- (c) makes a misstatement or omission on an application form; or
  - (d) in the case of an Advanced Dependent Practitioner, fails, for any reason, to maintain an appropriate supervision relationship with a Supervising Physician as defined in the Credentials Manual or if the Medical Staff appointment or clinical privileges of a Supervising Physician are resigned, revoked or terminated.
- (2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

#### 7.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the President, the President of the Medical Staff, the CMO, the MEC, or the Board chair is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the President or MEC.
- (3) The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The MEC will review the reasons for the suspension within a reasonable time.
- (5) Prior to, or as part of, this review, the individual will be given an opportunity to meet with the MEC or an ad hoc committee of the MEC as designated by the President of the Medical Staff.

#### 7.E. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES

Following an investigation, the MEC may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or

practice; (b) violation of ethical standards or the bylaws, policies, Rules and Regulations of the Hospital or the Medical Staff; or (c) conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff.

7.F. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit proposed findings, conclusions, and recommendations to the Hearing Panel.
- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.
- (7) The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
- (8) The affected individual and the MEC may request an appeal of the recommendations of the Hearing Panel to the Board.

## 7.G. PROCESS AND INDICATIONS FOR DISASTER PRIVILEGES

(a) When the disaster plan has been implemented, the President or President of Medical Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

## ARTICLE 8

### AMENDMENTS

#### 8.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by a petition signed by 25% of the voting members of the Medical Staff, by the Bylaws Committee, or by the MEC.
- (2) All proposed amendments must be reviewed by the MEC prior to a vote by the Medical Staff. The MEC shall provide notice of all proposed amendments, including amendments proposed by the voting members of the Medical Staff as set forth above, to the voting staff. The MEC may also report on any proposed amendments, either favorably or unfavorably, at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose.
- (3) The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting staff at the meeting.
- (4) The MEC may also present any proposed amendments to the voting staff by written or electronic ballot, returned to the Medical Staff Office by the date indicated by the MEC. Along with the proposed amendments, the MEC may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast, so long as the amendment receives a majority votes cast.
- (5) The MEC shall have the power to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
- (6) All amendments shall be effective only after approval by the Board.

- (7) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the President within two weeks after receipt of a request.

#### 8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures, and Rules and Regulations that are applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges or a scope of practice. All Medical Staff policies, procedures, and rules and regulations shall be considered an integral part of the Medical Staff Bylaws, but amended in accordance with this Section.
- (2) An amendment to the Credentials Manual may be made by a majority vote of the members of the MEC, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the MEC. Notice of all proposed amendments to these documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the vote by the MEC. Any voting member may submit written comments on the amendments to the MEC.
- (3) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the MEC. Notice of all proposed amendments to these two documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the vote by the MEC. Any voting member may submit written comments on the amendments to the MEC.
- (4) The MEC and the Board shall have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to

the Medical Staff. Notice of all provisionally adopted amendments shall be provided to each member of the Medical Staff as soon as possible. The Medical Staff shall have 14 days to review and provide comments on the provisional amendments to the MEC. If there is no conflict between the Medical Staff and the MEC, the provisional amendments shall stand. If there is conflict over the provisional amendments, then the process for resolving conflicts set forth below shall be implemented.

- (5) All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.
- (6) Amendments to Medical Staff policies and Rules and Regulations may also be proposed by a petition signed by a majority of the voting members of the Medical Staff. Notice of any such proposed amendment to these documents shall be provided to each voting member of the Medical Staff 14 days in advance of forwarding the proposed recommendation to the MEC. Any such proposed amendments will be reviewed by the MEC, which may comment on the amendments before they are forwarded to the Board for its final action.
- (7) Adoption of and changes to the Credentials Manual, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

#### 8.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the MEC with regard to:
  - (a) proposed amendments to the Medical Staff Rules and Regulations,
  - (b) a new policy proposed by the MEC, or
  - (c) proposed amendments to an existing policy that is under the authority of the MEC,

a special meeting of the Medical Staff will be called. The agenda for that meeting will be limited to the amendment(s) or policy at issue. The purpose of the meeting is to resolve the differences that exist with respect to Medical Staff Rules and Regulations or policies.

- (2) If the differences cannot be resolved at the meeting, the MEC shall forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Rules and Regulations or policies offered by the voting members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.



ARTICLE 9  
INDEMNIFICATION

The Hospital shall provide a legal defense for, and shall indemnify, all Medical Staff officers, Section chiefs and vice-chiefs, committee chairs, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by law, in accordance with the Hospital's bylaws.

ARTICLE 10  
ADOPTION

These Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, Rules and Regulations, policies, manuals or Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Staff on:

Approved by the Board

Revisions:

Adopted by the Medical Staff of

Date:

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President of the Medical Staff

Approved by the Board:

Date:

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Chair, Board of Directors

## Appendix A

### *History and Physical*

A complete history and physical examination must be completed within twenty-four (24) hours after admission or prior to a surgery or procedure by the attending physician/dentist or physician/dentist designee with oversight (resident, nurse practitioner). A legible original or copy of a medical history and physical obtained in the physician/dentist's office completed within thirty (30) days prior to date of admission is acceptable if the patient's clinical status information is updated within twenty-four (24) hours after admission or prior to a surgery or procedure if occurring within the first twenty-four (24) hours. In an emergency situation, the responsible physician/dentist must make a comprehensive entry regarding the condition of the patient prior to the start of the procedure. A complete history and physical examination is then to be recorded immediately following the emergency procedure. A comprehensive history and physical examination report is to include the chief complaint, details of the present illness, all relevant past medical, social and family histories, inventory of body systems, current physical examination, allergies / medications / dosage / reactions, conclusions, and plan of action. For further details, please reference IU Health West Hospital Medical Staff Policy on Completion of Medical Records and IU Health West Hospital Administrative Policy on Content of Medical Records.